

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sp	43	8-20-01
O.I.P.E. CLASSIFIER			8/27/01
FORMALITY REVIEW	B/L	564	9/28/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ 1/1/02
2	✓ 1/1/02
3	✓ 1/1/02
4	✓ 1/1/02
5	✓ 1/1/02
6	✓ 1/1/02
7	✓ 1/1/02
8	✓ 1/1/02
9	✓ 1/1/02
10	✓ 1/1/02
11	✓ 1/1/02
12	✓ 1/1/02
13	✓ 1/1/02
14	✓ 1/1/02
15	✓ 1/1/02
16	✓ 1/1/02
17	✓ 1/1/02
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27	✓ 1/1/02
28	✓ 1/1/02
29	✓ 1/1/02
30	✓ 1/1/02
31	✓ 1/1/02
32	✓ 1/1/02
33	✓ 1/1/02
34	✓ 1/1/02
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36	✓ 1/1/02
37	✓ 1/1/02
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41	✓ 1/1/02
42	✓ 1/1/02
43	✓ 1/1/02
44	✓ 1/1/02
45	✓ 1/1/02
46	✓ 1/1/02
47	✓ 1/1/02
48	✓ 1/1/02
49	✓ 1/1/02
50	✓ 1/1/02

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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